L	PAIENI			ve Decen			TION REC	ORD		09/66	. ~) c^	, <del>9</del> }	
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALI TYPE	OTHE	IER THAN		
F	OR		NUME	BER FILED		NUMBER	EXTRA	1 r	RATE	FEE	7	RATE	FEE
Ε	BASIC FEE	A Secretary of the second					1 [		345.00	OR	-	690.00	
TOTAL CLAIMS			34	minus	20=	. 12/		1	X\$ 9=		1		
N	DEPENDENT C	4	minus	 s 3 =	•		1 }		126	OR	X\$18=	<b>↓</b>	
М	ULTIPLE DEPE	<b> </b>	X39=	39	OR	X78=	—						
. ,	If the difference	- ( 1	4 *					1	+130=		OR	+260=	
•	If the difference						column 2	-	TOTAL	510	OR	TOTAL	
	C			AMENDE								OTHER	THAN
_	Annie Prince and		amn 1) AIMS	Lutar Y		Column 2) HIGHEST	(Column 3)	-	SMALL	ENTITY	OR		ENTITY
AMENDMENT A		REM	AINING TER		1	NUMBER	PRESENT		DATE	ADDI-		-	ADDI-
			DMENT		6	REVIOUSLY PAID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAI FEE
	Total	<u> -</u>		Minus	••		=		X\$ 9=	1	OR	X\$18=	1
	Independent	٠		Minus	***		=	F	X39=	<b>-</b>			
`	FIRST PRESE	NTATIO	N OF M	ULTIPLE DE	PEND	ENT CLAIM		$\perp$	709-	<b></b> -	OR	X78=	<b> </b>
			•						+130=	*	OR	+260=	
									TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	
_	(6)		mn 1)		(C	olumn 2)	(Column 3)				• '	NOOH, FEE	
٥	7	REMA	NMS NNING		•	HIGHEST HUMBER	PRESENT	Γ		ADDI-	1		ADDI-
	D		TER OMENT			EVIOUSLY AID FOR	EXTRA		RATE	TIONAL		RATE	TIONAL
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į	Independent	•	4	Minus	***	16	=				OR	X\$18=	
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1	FIRST PRESE FLCE/AM 127-0	ndt						1	130=		OR	+260=	
L	P/C2/2-0	4						_	TOTAL		OR .	TOTAL	
	12	(Colur	nn 1\		(Ca	olumn 2)	(Calumn 2)	ADE	NT. FEE L		ON A	DDIT. FEE	
	<b>X</b>	CLA	MS	2	Н	GHEST	(Column 3)	_			_		
		REMAINI AFTER	ER	<b>8</b> .		JMBER VIOUSLY	PRESENT EXTRA	l <sub>B</sub>	ATE	ADDI- TIONAL		DATE	ADDI-
	Total	AMEND	7		PA	ID FOR		L		FEE		RATE	TIONAL FEE
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		* 4		Minus	***	4	=/	X	39=	$\overline{}$	r	X78=	<del>/</del>
1	FIRST PRESEN	NON	OF MU	LIIPLE DEP	FNDE	NT CLAIM				<b>∕</b> —ſ	QR	7.7.02	
If	the entry in colum	n 1 is les	s than the	entry in colum	3n 2 i	rita "O" in act	ıma 3	<u>L</u>	30=		OR	+260=	
- 11	The "Highest Num	ber Previ	ously Pai	d For IN THIS	SPAC	F is less than	20 onter "20 "		TOTAL T. FEE		DR <sub>Ar</sub>	TOTAL	
Ţ	f the "Highest Num he "Highest Numb	er Previo	ously Paid usly Paid	or or IN THIS For (Total or I	SPAC ndepe	E is less than ndent) is the l	3, enter "3." highest number f			opriate box i	AL n colur	001T. FEE <b>L</b> nn 1.	
					_						colui		
	PTO-875			-			p	atent er	d Tradoma	t Office 115	DEBAC	THENT OF	

Application or Docket Number